

with rising drug costs. The plan creates a donut hole in the coverage. Seniors who have more than \$2,000 in prescription drug expenses are responsible for all of their drug costs until they reach \$5,000 in medical costs. And they still have to pay the premium. Forty-seven percent of seniors in the United States fall into this gap.

The plan does not guarantee that private insurance companies will remain in the market for more than 12 months. Seniors could be forced to change insurance plans with different doctor panels every year. Seniors know and trust their doctors. Many seniors have received care from the same doctors for years. Placing this burden on our seniors is unconscionable.

The Republican plan does not modernize Medicare. It does not improve Medicare. It does not strengthen Medicare. It dismantles benefits and puts seniors into HMOs and PPOs. In 2010, Medicare will compete with private health care plans. This will result in higher premiums for hospitals and physician benefits. Seniors, particularly women, will bear the burden of these increased costs. Instead of dismantling traditional Medicare, we should strengthen the program to provide the best care for our seniors.

We should be adding a prescription Medicaid benefit to Medicare, and I also support adding a provision to increase Medicare provider reimbursements. Thousands of doctors are leaving Medicare because Medicare reimbursements do not cover nearly enough of the patient's health care costs, leaving the doctors to make up the remainder of the costs. Increasing reimbursements allows physicians to continue treating Medicare patients while confronting rising health care costs.

It makes absolutely no sense to me that we have a Medicare system that allows people to see the doctor of their choice, and when the doctor provides a prescription medication, a senior cannot afford that press medication. How outrageous is that in our Nation?

I also support provisions to simplify the Medicare paperwork process. Today, doctors are spending far too much time filling out forms; not enough time treating their patients. Many doctors say if we could cut through this red tape, they could devote more time to caring for their patients. And what is best for the patient is why we are here tonight.

Las Vegas has one of the fastest growing populations of seniors in the Nation. I owe it to the seniors in my district to support a meaningful prescription drug benefit; a benefit that is available to all seniors who need it, a benefit that does not have significant coverage gaps, and a benefit that allows seniors, and not insurance companies, to choose their doctors and not force seniors to leave the Medicare system that they know and they trust in order to receive desperately-needed prescription medication.

I ask all of my colleagues to join me in opposing the Republican plan, sup-

porting the Democratic plan that is easier, fairer, and that our seniors approve and agree with.

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, the current Medicare debate highlights the need for fundamental changes in the way that health care is provided in the United States. The Medicare prescription drug bill currently before the House fails to address any of the fundamental problems in our health care system.

The need for affordable prescription drugs for our Nation's seniors is one component of the health care reform needed in the United States. And just like last year, this House will pass a Medicare prescription drug bill that fails millions of Americans. The current plan will perpetuate the inequalities in health care suffered by poor and rural Americans, as this plan hurts both groups.

Seniors with incomes between 135 and 150 percent of the Federal poverty level will pay the same deductible and copays as someone with an income 300, 500 or 1,000 percent of the poverty level. The only relief is a sliding scale premium. Those with incomes 150 to 200 percent of poverty will receive no relief at all.

Rural Americans have already faced severe restrictions in their choice of providers. And in 2003, only 19 percent of rural Medicare beneficiaries have the option of enrolling in a Medicare managed care plan.

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These seniors are likely to face similar restrictions in the choice of prescription drug plans, without a fall-back prescription plan through Medicare. This discrimination against certain seniors is intolerable. Not only does the current plan restrict access to drugs, but it also could limit what drugs seniors can take. In 2002, 55 percent of all Medicare private plans covered only generic drugs, provided no coverage for brand names. This means that those who must take a specific brand-name medication for which no generic form exists or need a new, more effective drug cannot obtain them. The answer is not to provide more private prescription drug plans.

The current Medicare prescription drug bill only perpetuates the failures of our health system. The solution to the current crisis lies in a prescription drug benefit that helps to contain prescription drug costs, provides better access to generic drugs, and is built into Medicare. Absent a comprehensive solution that provides medical and prescription drug coverage for all Americans, there is no excuse for restricting the access of our Nation's seniors to prescription drug coverage. Our seniors

need a comprehensive standard benefit for all. We cannot afford to further privatize Medicare, offer different plans to different people, and threaten the program that has provided health care for over 39 million people.

Our Nation's seniors need a uniform, comprehensive plan. Absent a comprehensive solution that provides medical and prescription drug coverage for all Americans, there is no excuse to do anything less. The solution to the current crisis lies in a plan that helps to contain prescription drug costs, provide better access to generic drugs, and is built into Medicare.

Just as hospital and physician coverage is assured by Medicare and includes a standard benefit for all seniors, so must prescription drug coverage. In the complex world of medical insurance, it is crucial for us to provide reliable coverage under one plan to reduce confusion on the part of Medicare beneficiaries. We cannot afford to further privatize Medicare, turning it only into a health voucher program by the end of the decade, and threatens the program which has provided health care for over 39 million Americans. Let us be real and have a real prescription drug program for our seniors.

#### AMERICANS SHOULD COME FIRST IN PRIORITIES

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

Mr. EMANUEL. Mr. Speaker, I agree with a number of our preceding speakers who have talked about the importance of Medicare and why their principles and values are different than some of our other colleagues.

Tonight I would like to address another subject in the closing days before our July 4th district work period, and that is a child tax credit.

Mr. Speaker, yesterday the president of Pakistan was here and the President of the United States guaranteed \$3.5 billion to Pakistan. He came in, got a nice reception at Camp David, and flew out with a check for \$3.5 billion. That is equal to the amount that it would cost to provide the 12 million children, 6.5 million working families a full \$1,000 tax credit in this country; yet they are not receiving it.

In Pakistan they came in, smiled, shook hands, and walked out with \$3.5 billion. In America, 12 million American children will be left without a tax cut as they go into the summer months. As their parents buy clothes and shoes and backpacks for the coming school year, they will not have the full \$1,000 child credit.

Two weeks ago, The New York Times reported that we are providing 200,000 Iraqis \$20 a day for no-show jobs. I come from Chicago. We know something about no-show jobs. We think we understand no-show jobs. Yet while we provide these Iraqis \$20 a day, 200,000 of